



Domestic Violence Program

SCOPE OF THE ISSUE

Domestic violence is also called family violence, domestic battering, spousal abuse, domestic abuse, and intimate partner violence. Regardless of the name, at the heart of domestic violence is the attempt by one person to use power and control over another person in a physical, economic, or emotional way. This power struggle can shape many abusive behaviors, including stalking, physical violence, sexual violence, mental abuse, and emotional abuse. In most abusive relationships, partners engage in economic abuse such as controlling bank accounts, money earned, and interfering with school or work. It

Family Violence Homicides

Year	Total	Women		
2020	36	20		
2019	27	12		
2018	35	21		
2017	30	18		
2016	24	10		

may also extend to denying a partner access to medical care, including reproductive health care or genderconfirming medical services.

For nearly forty years, the United States saw steady declines in domestic violence-related homicides.



Unfortunately, that trend has reversed. Since 2015, murders by an intimate partner have increased at a country and state level. In addition, 2018 saw the highest number of women killed in Texas in the last ten years. This trend, unfortunately, continues in San Antonio as well. In 2020, the city reported 36 family violence homicides, of which 20 were women murdered by male intimate partners. During that same year, the SAPD Crisis Response Team served 14,542 family violence victims and conducted 2,672 home visits, even as home visits were limited due to COVID-19 protocols.

PROGRAM SUMMARY AND HISTORY

In the Spring of 2019, several highprofile news stories highlighted the
increase in domestic violence-related
murders, generating a sense of
urgency to respond to domestic
violence in San Antonio. As a result,
councilmembers Shirley Gonzales
and Manny Pelaez requested
that the Department of Human
Services, Metropolitan
Health District, and
San Antonio Police
Department conduct
a structured
assessment of

domestic violence-

related services.

Restorative Justice framework implemented
 Mental Health support services

• Violence Interrupters prevent retaliation

• Referrals to trauma informed social services

• First responders received **Advanced Training** specific to DV

• Violence Interrupters respond to assess community

• Emergency, Trauma-Informed Sheltering available for families

• Wrap-Around Services Providers on call to respond immediately

• Expand **Trauma Resource Teams** • **Mentoring Programs** for youth

• Home Visiting programs targeted

• Job Training and Placement programs

• Mental Health and Substance Abuse treatment

• Coordinated Referrals systems

Cross-sector organizations share data and referrals

Social-emotional Education Programs teach conflict resolution

Implement Triple P – Positive Parenting

Establish Trauma-Informed Care Certifying Entity

Primary Prevention

Secondary Prevention

Tertiary

Prevention





The findings of that assessment became the basis for the development of the City of San Antonio Comprehensive Domestic Violence Prevention Plan finalized in October 2019. With the support of the City Council, Metro Health developed the Violence

Prevention program to implement the strategies identified in the plan. In 2020, an additional expansion added 20 civilian victim advocates previously housed at SAPD. Additional expansions are planned for FY 2022 to include an on-scene response pilot

CURRENT INITIATIVES

Total Funding: \$2,536,257

- ▶ Collaborative Commission on Domestic Violence (CCDV): Created by District Court Judge Peter Sakai, the Commission is a first-of-its-kind joint City-County effort to implement portions of the comprehensive domestic violence plan. The Commission is co-chaired by the Deputy City Manager Maria Villagomez, Judge Monique Diaz, and six committees (Healthcare, Judiciary, Law Enforcement, Policy, Prosecution, and Nonprofit) working together on several implementation objectives.
- ► Love Is... Media Campaign: The 2019 City of San Antonio Comprehensive



Domestic Violence Prevention Plan aimed to develop a community-wide media campaign across multiple types of media and communication channels, including large employers, to saturate the San Antonio market. Metro Health, in close collaboration with DHS, SAPD, and GPA, developed the Love Is...brand to be used for all domestic violence communications campaigns. Also as a part of the campaign a review of twenty public marketing campaigns identified the most successful ones in encouraging specific behaviors and going beyond creating awareness. Additionally, we worked with local journalists to develop a style guide to support accurate public perceptions of the risks of domestic violence since news coverage of domestic violence incidents tends to skew towards murder and can influence the public perception that other types of abuse are not as severe or prevalent.

- ▶ Crisis Response: Twenty advocates from SAPD were moved to Metro Health in October 2020. Ongoing training infuses a public health perspective and supports enhanced victim identification and response. CRT Victim Advocates are based out of the six SAPD substations and respond to victims of family violence within 96 hours of law enforcement response.
- ▶ Violence Prevention Case Management: Implementing a case management service for survivors of domestic violence identified as the highest risk for lethality. Case Managers provide supportive services, including identifying temporary housing, mental health services, safety planning, and ongoing traumainformed case management.
- ► Hotline for Law Enforcement and Healthcare Providers: Through a partnership with STRAC, University Health, and Bexar County Sheriffs, a hotline will launch in August 2021 to pilot using telephonic support for law enforcement screen for lethality and refer high lethality victims to appropriate timely resources. Lethality assessments in some communities have been used to identify clients who require a team-based intervention because the family is at a considerable risk of severe injury and death. For example, the Danger Assessment identified 79% of victims of attempted homicide in the highest two categories of risk.iv When used to identify and prioritize access to services, lethality assessments effectively reduce the severity and frequency of survivors' experiences." Additionally, women screened with a lethality assessment were significantly more likely to obtain formal services for domestic violence, hide their partner's weapons, and discuss safety with family and friends.

FY 2022 EXPANSION

The Domestic Violence program seeks to prevent intimate partner violence across the lifespan through early childhood intervention in positive parenting, policy change, and development, identification of high lethality victims, crisis intervention with people experiencing violence, case management for survivors of violence, mitigating

escalations through supportive services and violent interrupters. This directly supports the Metro Health Strategic Plan Priority Focus Area 1: Prevent Domestic Violence, as well as national public health priorities outlined in Healthy People 2030, including IVP-DO4 Reduce intimate partner violence (i.e., contact sexual violence, physical



violence, and stalking) across the lifespan and IVP-D05 Reduce contact sexual violence by anyone across the lifespan."

The Domestic Violence Program Expansions will focus on four primary areas to increase crisis support, long-term wrap-around services, and prevention activities.

1	 Evening and 	Weekend	expansion	of Crisis	Response	Team	Victim
	Advocate						

- 2. Expand Domestic Violence Case Management
- 3. Enhanced Domestic Violence Evaluation and Data-Driven Strategies
- 4. Expanded Community Education Initiatives

Domestic Violence Program Staff	Current	FY '22	FY '23	Total
Domestic Violence Case Management	7	10	16*	33
Crisis Response Victim Advocates	20	17	10	47
Data and Evaluation	1	3	0	4
Community Education	0	4	0	4
Total	28	34	26	88

^{*3} additional grant-funded case managers will start in FY 2023

Crisis Response Team Victim Advocates	% DV Calls	Current	FY 22	FY 23	Total
SOUTH	22%	3	4		7
WEST	21%	5	3		8
EAST	18%	3	3	1	7
CENTRAL	13%	3		3	6
NORTH	13%	3		3	6
PRUE	13%	3		3	6
Total	100%	20	10	10	40

Evening and Weekend expansion of Crisis Response Team Victim Advocate

Crisis Response Team advocates are available Monday – Friday from 7 AM – 11 PM, though there is variability at each substation. The proposed expansion will include adding weekend and evening hours in Year 1 at the three substations with the highest caseload (West, South, and East), expanding to include all six substations within two years (Central, North, and Prue). The expansion also adds additional CRT supervisory capacity to support the implementation of trauma-informed policies and procedures.

Expand Domestic Violence Case Management and Services

- ► Team of 2 4 case managers assigned to each substation based on number of high lethality clients seen at each substation
- ▶ Includes assessment as a continuous dynamic process to ensure eligibility and appropriateness, place the client in the correct level of care, and identify areas of need for the case manager

- to provide support and strengths/available skills to encourage a client to identify their strengths needs, and solutions. Case management includes coordinated care, including referral support to engage with supportive services long-term to increase survivor and family safety.
- ► Funding for direct assistance includes financial support for temporary emergency housing, emergency financial assistance, lock and door repair, transportation, civil legal services, supervised visitation, and mental health services.

Enhanced Domestic Violence Evaluation and Data-Driven Strategies

- ▶ Danger Assessment Group: Building on the threat assessment model developed by the Public Safety Threat Assessment Group (PSTAG) and the Tri-Weekly Threat Assessment Group (TTAG) to identify high-risk individuals and intervene with wrap-around services and treatment, the Metro Health Violence Prevention Section developed the Danger Assessment Group (DAG) and the Danger Assessment Risk Team (DART). DAG and DART is a multi-agency approach to coordinated response on targeted violence. DAG will provide case studies, multi-agency training, and community updates related to targeted violence. DART will identify victims or abusers through a diverse group of community agencies and partners. The overarching goal of DAG/DART is to prevent family violence incidents before they become extremely violent or lethal.
- ► Lethality Screening Hotline for Community Providers: Launched in August 2021 through a partnership with STRAC, University Health, Bexar County Sheriff, and Family Violence Prevention





Services, the lethality hotline pilots providing telephonic support for law enforcement to screen for lethality. Victims identified as high lethality victims are triaged to appropriate, timely resources through a partnership with Family Violence Prevention Services. In addition, Metro Health case managers provide support for victims screened ineligible for shelter placement or who do not wish to access shelter services but are identified as having high lethality.

Expanded Community Education Initiatives

- ► Community Health Workers will provide support for families, schools, and community agencies who need assistance with learning about the dynamics of domestic violence to support survivors within their organizations
- ► The budget includes one dedicated support person for the Collaborative Commission on Domestic Violence.

COMMUNITY PARTNERS

The Domestic Violence program partners with departments within the City of San Antonio, including the San Antonio Police Department, San Antonio Fire Department, and Department of Human Services. Additionally, close partnerships with the Center for Health Care Services, Bexar

County Family Justice Center, Family Violence Prevention Services, The PEACE Initiative, Communities in Schools, Texas Rio Grande Legal Aid, Guardian House, and other organizations provide direct services. They are valuable partnerships for survivors of violence.

CONTACT



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Footnotes

- i Lavack, A. (2010) "Don't Suffer in Silence" Applying the Integrated Model for Social Marketers to Campaigns Targeting Victims of Domestic Violence.16(1).
- ii Ryan, C., Anastario, M., & Dacunha, A. (2006). Changing Coverage of Domestic Violence Murders. *Journal of Interpersonal Violence*, 21(2), 209-228. doi:10.1177/0886260505282285
- iii Carlyle, K. E., Slater, M. D., & Chakroff, J. L. (2008). Newspaper Coverage of Intimate Partner Violence: Skewing Representations of Risk. *Journal of Communication*, 58(1), 168-186. doi:10.1111/j.1460-2466.2007.00379.
- iv Campbell JC, Webster DW, Glass N. The Danger Assessment: Validation of a lethality risk assessment instrument for intimate partner femicide. J Interpers Violence. 2009;24(4):653–674.
- v National Institute of Justice, "How Effective Are Lethality Assessment Programs for Addressing Intimate Partner Violence?" June 11, 2018